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04/05/2002

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Deborah A	Purnell /	(Depositor's name)
AACL	well The	(Signature)
ADT11 29.	2002	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/973,286	10/05/2001	Neall W. Humphrey	500006/114	8144
TITLE OF INVENTION: FREESTANDING DOPTABLE LAND DISDLAY DACKAGE				

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
21	nonprovisional	N/A	\$1288 640	\$300	\$1580940	07/05/2002
EXA	AMINER	ART UNIT	CLASS-SUBCLAS	SS	, ,	
FIDE	I, DAVID	3728	206-320000	<del></del>		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.		or agents OR, alt single firm (havin attorney or agent registered patent a	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TRADE SOURCE INTERNATIONAL

El Dorado Hills, California

Please check the appropriate assignee category or categories (will not be printed on the patent)	☐ individual <b>Excorporation</b> or other private group entity ☐ government			
XXAdvance Order - # of Copies10	rd. Form PTO-2038 is attached.  hereby authorized by charge the required fee(s), or credit any overpayment, to er			
The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee application identified above.  (Authorized Signature)  (Date)  Louis J. Bovasso  NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicable, a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.  Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, United States Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington, D.C. 20231  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.	05/09/2002 SMINASS2 00000017 09973286 01 FC:242 02 FC:195 03 FC:561 30.00 OP			